

OCT 20 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28752

1. PLACE OF BIRTH

County Boone
Township Columbia
City Columbia (No. 10338)

Registration District No. 73
Primary Registration District No. 3006

File No. 189
Registered No. 189
St. Mo. Ward 1

2. FULL NAME

Mr. H. A. Howell

(a) Residence, No. 1512 Hunter St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sept 20-1836

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 77 MONTHS 11 DAYS 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Monroe Co. Mo. (STATE OR COUNTRY)

13. NAME John Howell

14. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY)

15. MAIDEN NAME Katherine Kepper

16. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY)

17. INFORMANT Miss Robert Howell (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cemetery DATE Sept 10 1933

19. UNDERTAKER Parker, Lucius B (ADDRESS) Columbia Mo

20. FILED 9/11/ 1933 Allie Selby Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9- 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 6- 1933, to Sept 9- 1933

I last saw him alive on Sept 9- 1933 Death is said to have occurred on the date stated above, at 8-00 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 8-6-33

Other contributory causes of importance:

82A

97

Sept 9

Dr. T. M. Selby

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) W. P. Deason M. D. (Address) Columbia, Mo.

